

RRACP – Training Equivalency Form

Date: _____

Name: _____ WCR Level: _____

Affiliate Organization: _____ WFC Site: _____

Site Contact Name: _____

To waive one or more RRACP Training Units, you must have similar training or possess experience equivalent to related RRACP training units. Fill in Module number(s), Training Unit number(s) and Title that you are petitioning to be waived and provide equivalent training or experience information:

1. Module: _____ Training Unit: _____ Title: _____
Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

2. Module: _____ Training Unit: _____ Title: _____
Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

3. Module: _____ Training Unit: _____ Title: _____
Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

4. Module:_____ Training Unit:_____ Title:_____

Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

5. Module:_____ Training Unit:_____ Title:_____

Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

6. Module:_____ Training Unit:_____ Title:_____

Training (dates, where, course title, brief description):

Experience (dates, where, position title, brief description):

DEED will review your petition within 30 days of your request and contact you with the status.

Please fax or mail to:

Lisa Snyder

DEED

1st National Bank Building, Suite E200

St.Paul, MN 55101

Phone: 651-259-7584 Fax: 651-215-3842